

April 11, 2003

## SEVERE ACUTE RESPIRATORY SYNDROME INFECTION CONTROL RECOMMENDATIONS HOME SETTINGS

Severe acute respiratory syndrome (SARS) is an illness that is spread by close personal contact with an ill person. Close personal contact means having cared for, having lived with, or having direct contact with the respiratory (lung or nasal) secretions or other body fluids of a person suspected of having SARS. Patients with SARS may transmit the infection to family members or friends. The duration of time before or after onset of symptoms during which a patient with SARS can transmit the disease to others is unknown. The following infection control recommendations have been developed for patients with suspected SARS in households or residential settings. These recommendations are consistent with the CDC *Interim Guidance on Infection Control Precautions for Patients with Suspected Severe Acute Respiratory Syndrome (SARS) and Close Contacts in Households*, March 29 ([www.cdc.gov/ncidod/sars/ic-closecontacts.htm](http://www.cdc.gov/ncidod/sars/ic-closecontacts.htm)).

- SARS patients should limit interactions outside the home and should not go to work, school, out-of-home child care, or other public areas until ten days after the end of fever and respiratory symptoms (cough, shortness of breath). During this time, infection control recommendations, as described below, should be used to minimize the potential for transmission.
- Friends and relatives should not visit until ten days after the ill person has no fever or respiratory symptoms.
- Household members should wash their hands with soap and water after gloved and ungloved contact with the ill persons respiratory (lung or nasal) secretions, blood and other body fluids (urine, wound drainage, etc.). Alcohol-based hand hygiene products can be use after removing gloves and when hands are not visibly soiled with respiratory secretions, blood and other body fluids.
- Use of disposable gloves should be considered for any direct contact with respiratory secretions, blood and other body fluids of a SARS patient. **However, gloves are not intended to replace proper hand hygiene.** Immediately after activities involving contact with body fluids, gloves should be removed and discarded and hands should be washed. Gloves should never be washed or reused.
- Each patient with SARS should be advised to cover his or her mouth and nose with a facial tissue when coughing or sneezing. SARS patients should wear a surgical mask when in the same room as uninfected persons. If unable to wear a surgical mask, household members should wear surgical masks when in the same room as the patient.
- Sharing of eating utensils between SARS patients and other household members should be avoided. Dishes and utensils should be washed with hot water and a detergent after use by the ill person.
- Environmental surfaces in the kitchen, bathroom and bedroom should be cleaned at least daily with a household disinfectant according to manufacturer's instructions.

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- The ill person's clothes, bed linens, towels should not be shared with well household members. Linens should be washed in cool to warm water and any commercial laundry product. Consider the use of gloves during this activity.
- Household waste soiled with respiratory secretions or other body fluids, including facial tissues and surgical masks, may be safely be disposed as normal household waste.
- Household members or other close contacts of SARS patients who develop fever or respiratory symptoms should seek healthcare evaluation. When possible, inform the healthcare provider of the SARS exposure before going to the doctor's office or the emergency department.
- At this time, in the absence of fever or respiratory symptoms, household members or other close contacts of SARS patients need not limit their activities outside the home.